

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>150</u>
District of <u>Miami</u>	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>557</u>
Town of <u>Miami</u>	or <u>Miami Ariz.</u>		Local Registrar No. _____
City of <u>Miami</u>	No. <u>919 Sullivan</u>		St. _____ Ward _____
2. Full name of child <u>Leopoldo Horacio Oriza</u>		(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
3. Sex of Child <u>Boy</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. Legitimate? <u>yes</u>
6. Date of birth <u>7 20 1924</u>	Month day year	7. If child is not yet named, make supplemental report, as directed.	
8. FATHER		14. MOTHER	
Full name <u>Leopoldo Alberto Oriza</u>		Full maiden name <u>Enedina Mata de Oriza</u>	
9. Residence (Usual place of abode) <u>919 Sullivan St.</u>		15. Residence (Usual place of abode) <u>919 Sullivan St.</u>	
If nonresident, give place and state		If nonresident, give place and state	
10. Color or race <u>White Mexican</u>		16. Color or race <u>White Mexican</u>	
11. Age at last birthday <u>24</u> (Years)		17. Age at last birthday <u>20</u> (Years)	
12. Birthplace (city or place) <u>Sierra Mojada</u>		18. Birthplace (city or place) <u>Moscow</u>	
(State or country) <u>Coahuila</u>		(State or country) <u>Arizona</u>	
13. Occupation <u> Clerk</u>		19. Occupation <u>House Keeping</u>	
Nature of industry		Nature of industry	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum?	
(a) Born alive and now living <u>2</u>		<u>yes</u>	
(b) Born alive but now dead <u>none</u>			
(c) Stillborn <u>none</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>8 A.</u> m. on the date above stated.			
(Born alive or stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>Byril M. Brown M.D.</u>	
Given name added from a supplemental report _____		(Physician or midwife)	
Month, day, year. _____		Address <u>Miami, Ariz.</u>	
Registrar. _____		Filed <u>July 31 1924</u> <u>OSJ</u>	
		County Registrar. <u>B.S. Jinx</u>	

331-720-541